

JAN 26 2006

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FACSIMILE COVER PAGE**DATE:** January 26, 2006**TO:** United States Patent and Trademark Office
Centralized Facsimile Number**FAX NO.** 571-273-8300**FROM:** Joshua S. Broitman**RE:** Ser. No. 10/664,395 – Group 2872 – Ex. Lavarias

NUMBER OF PAGES (INCL. THIS SHEET): 18. IF YOU DID NOT
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Please acknowledge receipt of the following:

- (1) Transmittal Letter, including Certificate of Facsimile Transmission dated January 26, 2006 (2 pages);
- (2) Response to Office Action, including Certificate of Facsimile Transmission dated January 26, 2006 (13 pages);
- (3) Request for Continued Examination, including Certificate of Facsimile Transmission dated January 26, 2006 and authorization to charge Deposit Account No. 50-3195 in the amount of \$395 (in duplicate)

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RECEIVED Docket No. VOL-P-6
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The undersigned hereby certifies that this correspondence is being transmitted by facsimile to the Centralized Facsimile Number (571-273-8300), Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, ATTN: Group 2123 on the date set forth below.

January 26, 2006

Date

Joshua S. Broitman

Applicant(s) :	Torrey M. Bievenour et al.	Group :	2872
Serial No. :	10/664,395	Examiner :	Lavarrias, Arnel
Filed :	September 18, 2003		
For :	OPTICALLY ACTIVE COLOR FILTER		

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
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TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a Preliminary Amendment; X Response to Final Rejection; X Amendment; X Other (Request For Continued Examination, including authorization to charge Deposit Acct. No. 50-3195 in the amount of \$395 to cover the fee required by 37 CFR 1.17(e) - in duplicate).

FEE FOR ADDITIONAL CLAIMS

X A fee for additional claims is not required.

 A fee for additional claims is required. The additional fee has been calculated as shown below:

CLAIMS	HIGHEST REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS	SMALL ENTITY	ADDITIONAL FEE
TOTAL CLAIMS:	39	- 41 *	= 0	x \$25 =	\$ 0
<hr/>					
INDEPENDENT CLAIMS:	8	- 9 **	= 0	x \$100 =	0
<hr/>					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$ ____ =	0
<hr/>					
If less than 20, insert 20. If less than 3, insert 3.				TOTAL FEE DUE =	\$ 0

Page 1

Docket No. VOL-P-6

Our check for payment of the additional claims fee is enclosed.

Please charge \$____ to Deposit Account No. 50-3195 in payment of the fee.

CONDITIONAL PETITION FOR EXTENSION OF TIME:

It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Small Entity: \$60 fee for response within first month;
 \$225 fee within second month; \$510 fee within third month.

Our check for payment of the extension fee is enclosed.

Please charge the above-indicated extension fee to Deposit Account No. 50-3195. Triplicate copies of this transmittal letter are enclosed.

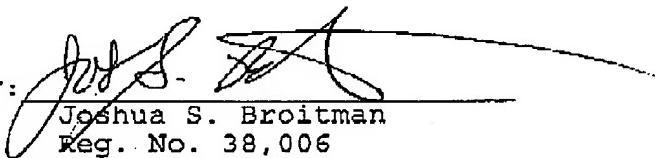
The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 50-3195.

Respectfully submitted,

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.
Customer No. 44702
Attorneys for Applicant

Dated: January 26, 2006

By:



Joshua S. Broitman
Reg. No. 38,006